

**Notice:** Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

☒ **Verification Only of Fill and Seal**

**Route to DNR Bureau:**

☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment  
☐ Waste Management ☐ Other: \_\_\_\_\_

1. Well Location Information				2. Facility / Owner Information			
County <b>Clark</b>		WI Unique Well # of Removed Well <b>MW1</b>		Hicap #		Facility Name <b>OW Sports &amp; Liquor</b>	
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
1/4 / 1/4 <b>NW</b> 1/4 <b>SE</b> or Gov't Lot #		Section <b>36</b>		Township <b>29 N</b>		Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W	
Well Street Address <b>107 Central Avenue</b>				Present Well Owner <b>OW Sports &amp; Liquor</b>			
Well City, Village or Town <b>Owen</b>				Mailing Address of Present Owner <b>PO Box 147</b>			
Subdivision Name				Lot #		City of Present Owner <b>Owen</b>	
						State <b>WI</b>	
						ZIP Code <b>54460</b>	
Reason for Removal from Service <b>Sampling complete</b>		WI Unique Well # of Replacement Well					
3. Filled & Sealed Well / Drillhole / Borehole Information							
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) <b>12/04/2000</b>					
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.					
<input type="checkbox"/> Borehole / Drillhole							
Construction Type:							
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug							
<input type="checkbox"/> Other (specify): _____							
Formation Type:							
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock							
Total Well Depth From Ground Surface (ft.) <b>17.35</b>				Casing Diameter (in.) <b>2</b>			
Lower Drillhole Diameter (in.)				Casing Depth (ft.) <b>5</b>			
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown							
If yes, to what depth (feet)?				Depth to Water (feet) <b>6.55</b>			
4. Pump, Liner, Screen, Casing & Sealing Material							
Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A							
Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A							
Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A							
Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A							
Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A							
Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A							
Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A							
Did material settle after 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A							
If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A							
If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A							
Required Method of Placing Sealing Material							
<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped							
<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____							
Sealing Materials							
<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete							
<input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips							
For Monitoring Wells and Monitoring Well Boreholes Only:							
<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout							
<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry							
5. Material Used to Fill Well / Drillhole				DNR Use Only			
From (ft.)		To (ft.)		No. Yards, Sacks Sealant or Volume (circle one)		Mix Ratio or Mud Weight	
<b>Surface</b>		<b>17.35</b>		<b>1.5 bags</b>			
6. Comments							
7. Supervision of Work						DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>REI Engineering, Inc</b>		License #		Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>05/18/2020</b>		Date Received	
						Noted By	
Street or Route <b>4080 North 20th Avenue</b>				Telephone Number <b>( 715 ) 675-9784</b>		Comments	
City <b>Wausau</b>		State <b>WI</b>		ZIP Code <b>54401</b>		Signature of Person Doing Work <i>Jake Fletcher</i>	
						Date Signed <b>05/21/2020</b>	

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☒ **Verification Only of Fill and Seal**

**Route to DNR Bureau:**

☐ Drinking Water

☐ Watershed/Wastewater

☒ Remediation/Redevelopment

☐ Waste Management

☐ Other: \_\_\_\_\_

**1. Well Location Information**

County **Clark** WI Unique Well # of Removed Well **MW2** Hicap # \_\_\_\_\_

Latitude / Longitude (see instructions) \_\_\_\_\_ N \_\_\_\_\_ W Format Code ☐ DD ☐ DDM Method Code ☐ GPS008 ☐ SCR002 ☐ OTH001

1/4 / 1/4 **NW** 1/4 **SE** Section **36** Township **29 N** Range ☐ E ☒ W or Gov't Lot # **02**

Well Street Address **107 Central Avenue**

Well City, Village or Town **Owen** Well ZIP Code **54460**

Subdivision Name \_\_\_\_\_ Lot # \_\_\_\_\_

Reason for Removal from Service **Sampling complete** WI Unique Well # of Replacement Well \_\_\_\_\_

**3. Filled & Sealed Well / Drillhole / Borehole Information**

☒ Monitoring Well

☐ Water Well

☐ Borehole / Drillhole

Original Construction Date (mm/dd/yyyy)

**12/04/2000**

If a Well Construction Report is available, please attach.

Construction Type:

☒ Drilled

☐ Driven (Sandpoint)

☐ Dug

☐ Other (specify): \_\_\_\_\_

Formation Type:

☒ Unconsolidated Formation

☐ Bedrock

Total Well Depth From Ground Surface (ft.) **13.64** Casing Diameter (in.) **2**

Lower Drillhole Diameter (in.) \_\_\_\_\_ Casing Depth (ft.) **5**

Was well annular space grouted? ☐ Yes ☒ No ☐ Unknown

If yes, to what depth (feet)? \_\_\_\_\_ Depth to Water (feet) **5.79**

**5. Material Used to Fill Well / Drillhole**

**3/8" Holeplug Bentonite**

**2. Facility / Owner Information**

Facility Name **OW Sports & Liquor**

Facility ID (FID or PWS) \_\_\_\_\_

License/Permit/Monitoring # \_\_\_\_\_

Original Well Owner **OW Sports & Liquor**

Present Well Owner **OW Sports & Liquor**

Mailing Address of Present Owner **PO Box 147**

City of Present Owner **Owen**

State **WI**

ZIP Code **54460**

**4. Pump, Liner, Screen, Casing & Sealing Material**

Pump and piping removed? ☐ Yes ☐ No ☒ N/A

Liner(s) removed? ☐ Yes ☐ No ☒ N/A

Liner(s) perforated? ☐ Yes ☐ No ☒ N/A

Screen removed? ☐ Yes ☒ No ☐ N/A

Casing left in place? ☒ Yes ☐ No ☐ N/A

Was casing cut off below surface? ☒ Yes ☐ No ☐ N/A

Did sealing material rise to surface? ☒ Yes ☐ No ☐ N/A

Did material settle after 24 hours? ☐ Yes ☐ No ☒ N/A

If yes, was hole retopped? ☐ Yes ☐ No ☒ N/A

If bentonite chips were used, were they hydrated with water from a known safe source? ☐ Yes ☒ No ☐ N/A

Required Method of Placing Sealing Material

☐ Conductor Pipe-Gravity

☐ Conductor Pipe-Pumped

☒ Screened & Poured (Bentonite Chips)

☐ Other (Explain): \_\_\_\_\_

Sealing Materials

☐ Neat Cement Grout

☐ Concrete

☐ Sand-Cement (Concrete) Grout

☒ Bentonite Chips

*For Monitoring Wells and Monitoring Well Boreholes Only:*

☒ Bentonite Chips

☐ Bentonite - Cement Grout

☐ Granular Bentonite

☐ Bentonite - Sand Slurry

**6. Comments**

**7. Supervision of Work**

Name of Person or Firm Doing Filling & Sealing **REI Engineering, Inc**

License # \_\_\_\_\_

Date of Filling & Sealing or Verification (mm/dd/yyyy) **05/18/2020**

**DNR Use Only**

Date Received \_\_\_\_\_

Noted By \_\_\_\_\_

Street or Route **4080 North 20th Avenue**

Telephone Number **( 715 ) 675-9784**

Comments \_\_\_\_\_

City **Wausau**

State **WI**

ZIP Code **54401**

Signature of Person Doing Work *Jake Fletcher*

Date Signed **05/21/2020**

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**Route to DNR Bureau:**

- ☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment  
☐ Waste Management ☐ Other: \_\_\_\_\_

1. Well Location Information				2. Facility / Owner Information			
County <b>Clark</b>		WI Unique Well # of Removed Well <b>MW3R</b>		Hicap #		Facility Name <b>OW Sports &amp; Liquor</b>	
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
1/4 / 1/4 <b>NW</b> 1/4 <b>SE</b> or Gov't Lot #		Section <b>36</b>		Township <b>29 N</b>		Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W	
Well Street Address <b>107 Central Avenue</b>				Original Well Owner <b>OW Sports &amp; Liquor</b>			
Well City, Village or Town <b>Owen</b>				Present Well Owner <b>OW Sports &amp; Liquor</b>			
Subdivision Name				Well ZIP Code <b>54460</b>		Mailing Address of Present Owner <b>PO Box 147</b>	
Reason for Removal from Service <b>Sampling complete</b>				Lot #		City of Present Owner <b>Owen</b>	
WI Unique Well # of Replacement Well				State <b>WI</b>		ZIP Code <b>54460</b>	
3. Filled & Sealed Well / Drillhole / Borehole Information				4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) <b>04/30/2018</b>		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		If a Well Construction Report is available, please attach.		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Total Well Depth From Ground Surface (ft.) <b>14.58</b>		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
Casing Diameter (in.) <b>2</b>		Lower Drillhole Diameter (in.)		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips			
Casing Depth (ft.) <b>5</b>		Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			
If yes, to what depth (feet)?		Depth to Water (feet) <b>4.55</b>					
5. Material Used to Fill Well / Drillhole				6. Comments			
3/8" Holeplug Bentonite							
7. Supervision of Work				DNR Use Only			
Name of Person or Firm Doing Filling & Sealing <b>REI Engineering, Inc</b>		License #		Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>05/18/2020</b>		Date Received	
Street or Route <b>4080 North 20th Avenue</b>		Telephone Number <b>( 715 ) 675-9784</b>		Comments		Noted By	
City <b>Wausau</b>		State <b>WI</b>		ZIP Code <b>54401</b>		Signature of Person Doing Work <i>Jake Fletcher</i>	
						Date Signed <b>05/21/2020</b>	

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**Route to DNR Bureau:**

- ☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment  
☐ Waste Management ☐ Other: \_\_\_\_\_

1. Well Location Information				2. Facility / Owner Information			
County <b>Clark</b>		WI Unique Well # of Removed Well <b>MW4R</b>		Hicap #		Facility Name <b>OW Sports &amp; Liquor</b>	
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
1/4 / 1/4 <b>NW</b> 1/4 <b>SE</b> or Gov't Lot #		Section <b>36</b>		Township <b>29 N</b>		Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W	
Well Street Address <b>107 Central Avenue</b>				Original Well Owner <b>OW Sports &amp; Liquor</b>			
Well City, Village or Town <b>Owen</b>				Present Well Owner <b>OW Sports &amp; Liquor</b>			
Subdivision Name				Well ZIP Code <b>54460</b>		Mailing Address of Present Owner <b>PO Box 147</b>	
Reason for Removal from Service <b>Sampling complete</b>				WI Unique Well # of Replacement Well		City of Present Owner <b>Owen</b>	
3. Filled & Sealed Well / Drillhole / Borehole Information				4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) <b>04/30/2018</b>		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		If a Well Construction Report is available, please attach.		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Total Well Depth From Ground Surface (ft.) <b>14.09</b>		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
Casing Diameter (in.) <b>2</b>		Lower Drillhole Diameter (in.)		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips			
Casing Depth (ft.) <b>5</b>		Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			
If yes, to what depth (feet)?		Depth to Water (feet) <b>4.10</b>					
5. Material Used to Fill Well / Drillhole				6. Comments			
3/8" Holeplug Bentonite							
7. Supervision of Work				DNR Use Only			
Name of Person or Firm Doing Filling & Sealing <b>REI Engineering, Inc</b>		License #		Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>05/18/2020</b>		Date Received	
Street or Route <b>4080 North 20th Avenue</b>		Telephone Number <b>( 715 ) 675-9784</b>		Comments		Noted By	
City <b>Wausau</b>		State <b>WI</b>		ZIP Code <b>54401</b>		Signature of Person Doing Work <i>Jake Fletcher</i>	
						Date Signed <b>05/21/2020</b>	

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**Route to DNR Bureau:**

☐ Drinking Water

☐ Watershed/Wastewater

☒ Remediation/Redevelopment

☐ Waste Management

☐ Other: \_\_\_\_\_

1. Well Location Information				2. Facility / Owner Information			
County <b>Clark</b>		WI Unique Well # of Removed Well <b>MW5</b>		Hicap #		Facility Name <b>OW Sports &amp; Liquor</b>	
Latitude / Longitude (see instructions) ____ N ____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
1/4 / 1/4 <b>NW</b> 1/4 <b>SE</b> or Gov't Lot #		Section <b>36</b>		Township <b>29 N</b>		Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W	
Well Street Address <b>107 Central Avenue</b>				Present Well Owner <b>OW Sports &amp; Liquor</b>			
Well City, Village or Town <b>Owen</b>				Mailing Address of Present Owner <b>PO Box 147</b>			
Subdivision Name				Lot #		City of Present Owner <b>Owen</b>	
Reason for Removal from Service <b>Sampling complete</b>				WI Unique Well # of Replacement Well		State <b>WI</b>	
<b>3. Filled &amp; Sealed Well / Drillhole / Borehole Information</b>				<b>4. Pump, Liner, Screen, Casing &amp; Sealing Material</b>			
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) <b>12/04/2000</b>		Pump and piping removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole				Liner(s) perforated?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____				Screen removed?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				Casing left in place?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) <b>14.69</b>		Casing Diameter (in.) <b>2</b>		Was casing cut off below surface?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.)		Casing Depth (ft.) <b>5</b>		Did sealing material rise to surface?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Was well annular space grouted?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Did material settle after 24 hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
If yes, to what depth (feet)?		Depth to Water (feet) <b>4.71</b>		If yes, was hole retopped?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<b>5. Material Used to Fill Well / Drillhole</b>				If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
3/8" Holeplug Bentonite				Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
				Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips			
				<b>For Monitoring Wells and Monitoring Well Boreholes Only:</b> <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			
<b>6. Comments</b>							
<b>7. Supervision of Work</b>				<b>DNR Use Only</b>			
Name of Person or Firm Doing Filling & Sealing <b>REI Engineering, Inc</b>		License #		Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>05/18/2020</b>		Date Received	
Street or Route <b>4080 North 20th Avenue</b>		City <b>Wausau</b>		Telephone Number ( 715 ) 675-9784		Noted By	
State <b>WI</b>		ZIP Code <b>54401</b>		Signature of Person Doing Work <i>Jake Fletcher</i>		Comments	
						Date Signed <b>05/21/2020</b>	



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☒ **Verification Only of Fill and Seal**

**Route to DNR Bureau:**

☐ Drinking Water

☐ Watershed/Wastewater

☒ Remediation/Redevelopment

☐ Waste Management

☐ Other: \_\_\_\_\_

1. Well Location Information				2. Facility / Owner Information			
County <b>Clark</b>		WI Unique Well # of Removed Well <b>MW6</b>		Hicap #		Facility Name <b>OW Sports &amp; Liquor</b>	
Latitude / Longitude (see instructions) ____ N ____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
1/4 / 1/4 <b>NW</b> 1/4 <b>SE</b> or Gov't Lot #		Section <b>36</b>		Township <b>29 N</b>		Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W	
Well Street Address <b>107 Central Avenue</b>				Present Well Owner <b>OW Sports &amp; Liquor</b>			
Well City, Village or Town <b>Owen</b>				Mailing Address of Present Owner <b>PO Box 147</b>			
Subdivision Name				Lot #		City of Present Owner <b>Owen</b>	
Reason for Removal from Service <b>Sampling complete</b>				WI Unique Well # of Replacement Well		State <b>WI</b>	
<b>3. Filled &amp; Sealed Well / Drillhole / Borehole Information</b>				<b>4. Pump, Liner, Screen, Casing &amp; Sealing Material</b>			
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) <b>12/04/2000</b>		Pump and piping removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole				Liner(s) perforated?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____				Screen removed?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				Casing left in place?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) <b>13.54</b>		Casing Diameter (in.) <b>2</b>		Was casing cut off below surface?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.)		Casing Depth (ft.) <b>5</b>		Did sealing material rise to surface?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Was well annular space grouted?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Did material settle after 24 hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
If yes, to what depth (feet)?		Depth to Water (feet) <b>4.35</b>		If yes, was hole retopped?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<b>5. Material Used to Fill Well / Drillhole</b>				If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
3/8" Holeplug Bentonite				Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
				Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips			
				For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			
<b>6. Comments</b>							
<b>7. Supervision of Work</b>				<b>DNR Use Only</b>			
Name of Person or Firm Doing Filling & Sealing <b>REI Engineering, Inc</b>		License #		Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>05/18/2020</b>		Date Received	
Street or Route <b>4080 North 20th Avenue</b>		City <b>Wausau</b>		Telephone Number <b>( 715 ) 675-9784</b>		Noted By	
State <b>WI</b>		ZIP Code <b>54401</b>		Signature of Person Doing Work <i>Jake Fletcher</i>		Comments	
						Date Signed <b>05/21/2020</b>	

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**Route to DNR Bureau:**

☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment  
☐ Waste Management ☐ Other: \_\_\_\_\_

1. Well Location Information				2. Facility / Owner Information			
County <b>Clark</b>		WI Unique Well # of Removed Well <b>MW7</b>		Hicap #		Facility Name <b>OW Sports &amp; Liquor</b>	
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
1/4 / 1/4 <b>NW</b> 1/4 <b>SE</b> or Gov't Lot #		Section <b>36</b>		Township <b>29 N</b>		Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W	
Well Street Address <b>107 Central Avenue</b>				Present Well Owner <b>OW Sports &amp; Liquor</b>			
Well City, Village or Town <b>Owen</b>				Mailing Address of Present Owner <b>PO Box 147</b>			
Subdivision Name				Lot #		City of Present Owner <b>Owen</b>	
Reason for Removal from Service <b>Sampling complete</b>				WI Unique Well # of Replacement Well			
3. Filled & Sealed Well / Drillhole / Borehole Information				4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) <b>04/30/2018</b>		Pump and piping removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole				Liner(s) perforated?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____				Screen removed?			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				Casing left in place?			
Total Well Depth From Ground Surface (ft.) <b>14.63</b>		Casing Diameter (in.) <b>2</b>		Was casing cut off below surface?			
Lower Drillhole Diameter (in.)		Casing Depth (ft.) <b>5</b>		Did sealing material rise to surface?			
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				Did material settle after 24 hours?			
If yes, to what depth (feet)?				If yes, was hole retopped?			
Depth to Water (feet) <b>5.68</b>				If bentonite chips were used, were they hydrated with water from a known safe source?			
5. Material Used to Fill Well / Drillhole				Required Method of Placing Sealing Material			
				<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
3/8" Holeplug Bentonite				Sealing Materials			
				<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips			
				For Monitoring Wells and Monitoring Well Boreholes Only:			
				<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			
				From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
				Surface	14.63	0.4 bag	
6. Comments							
7. Supervision of Work						DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>REI Engineering, Inc</b>		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>05/18/2020</b>		Date Received		Noted By
Street or Route <b>4080 North 20th Avenue</b>			Telephone Number <b>( 715 ) 675-9784</b>		Comments		
City <b>Wausau</b>	State <b>WI</b>	ZIP Code <b>54401</b>	Signature of Person Doing Work <i>Jake Fletcher</i>			Date Signed <b>05/21/2020</b>	

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**Route to DNR Bureau:**

☐ Drinking Water

☐ Watershed/Wastewater

☒ Remediation/Redevelopment

☐ Waste Management

☐ Other: \_\_\_\_\_

1. Well Location Information				2. Facility / Owner Information			
County <b>Clark</b>		WI Unique Well # of Removed Well <b>MW8</b>		Hicap #		Facility Name <b>OW Sports &amp; Liquor</b>	
Latitude / Longitude (see instructions) ____ N ____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
1/4 / 1/4 <b>NW</b> 1/4 <b>SE</b> or Gov't Lot #		Section <b>36</b>		Township <b>29 N</b>		Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W	
Well Street Address <b>107 Central Avenue</b>				Present Well Owner <b>OW Sports &amp; Liquor</b>			
Well City, Village or Town <b>Owen</b>				Mailing Address of Present Owner <b>PO Box 147</b>			
Subdivision Name				Lot #		City of Present Owner <b>Owen</b>	
Reason for Removal from Service <b>Sampling complete</b>				WI Unique Well # of Replacement Well		State <b>WI</b>	
<b>3. Filled &amp; Sealed Well / Drillhole / Borehole Information</b>				<b>4. Pump, Liner, Screen, Casing &amp; Sealing Material</b>			
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) <b>04/30/2018</b>		Pump and piping removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole				Liner(s) perforated?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____				Screen removed?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				Casing left in place?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) <b>14.70</b>		Casing Diameter (in.) <b>2</b>		Was casing cut off below surface?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.)		Casing Depth (ft.) <b>5</b>		Did sealing material rise to surface?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Was well annular space grouted?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Did material settle after 24 hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
If yes, to what depth (feet)?		Depth to Water (feet) <b>6.17</b>		If yes, was hole retopped?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<b>5. Material Used to Fill Well / Drillhole</b>				If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
3/8" Holeplug Bentonite		From (ft.) <b>Surface</b>		To (ft.) <b>14.70</b>		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
						Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips	
						For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	
<b>6. Comments</b>							
<b>7. Supervision of Work</b>				<b>DNR Use Only</b>			
Name of Person or Firm Doing Filling & Sealing <b>REI Engineering, Inc</b>		License #		Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>05/18/2020</b>		Date Received	
Street or Route <b>4080 North 20th Avenue</b>		City <b>Wausau</b>		Telephone Number <b>( 715 ) 675-9784</b>		Noted By	
State <b>WI</b>		ZIP Code <b>54401</b>		Signature of Person Doing Work <i>Jake Fletcher</i>		Comments	
						Date Signed <b>05/21/2020</b>	